

*Original or Best
Presentation Specified*
**MULTIPLE DEFENDANT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM
O-875)**

SERIAL NO. <i>0118104715</i>	FILING DATE
APPLICANT(S)	

CLAIMS

#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			3			
TOTAL DEP.			37			
TOTAL CLAIMS			40			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL CLAIMS								

BEST AVAILABLE COPY